PRINTED: 12/02/2009

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NVS158AGC

NAME OF PROVIDER OR SUPPLIER

DUNCAN MANOR GROUP HOME

TO REM APPROVED

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING
B. WING
B. WING
B. WING
COMPLETED

O8/20/2009

STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VEGAS, NV 89108

DUNCAN MANOR GROUP HOME		6165 DUNCAN DRIVE LAS VEGAS, NV 89108				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
Y 000	Initial Comments	Y 000				
	Surveyor: 15417 The findings and conclusions of any investigate by the Health Division shall not be construed a prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal state, or local laws.	as				
	This Statement of Deficiencies was generated a result of an annual State Licensure survey conducted at your facility on August 20, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.					
	The facility was licensed for nine (9) Resident Facility for Group beds for elderly and disable person and/or persons with mental illness. The census at the time of the survey was 8 reside Eight (8) resident files were reviewed and four employee files were reviewed. One discharge resident file was reviewed. The facility received grade of D.	rd ne nts. r (4) ed				
	There were no complaints investigated.					
	The following deficiencies were identified:					
Y 067 SS=C	449.196(1)(c) Qualifications of Caregiver- Rearegulation	ad Y 067				
	NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 12/02/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS158AGC 08/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **6165 DUNCAN DRIVE DUNCAN MANOR GROUP HOME** LAS VEGAS, NV 89108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 067 Continued From page 1 Y 067 those provisions. This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 8/20/09, the facility failed to ensure that 2 of 4 caregivers read the provisions of NAC 449.156 to 449.2766 and signed a statement that he has read those regulations (Employee #3 and #4). This was a repeat deficiency from the 12/17/09 State Licensure survey. Severity: 1 Scope: 3 Y 070 Y 070 449.196(1)(f) Qualifications of Caregiver-8 hours SS=D training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Surveyor: 15417

Based on record review on 8/20/09, the facility failed to ensure that 1 of 4 caregivers received eight hours of annual training (Employee #1).

This was a repeat deficiency from the State Licensure surveys dated 2/17/08, 12/28/07 and

Scope: 1

8/29/09.

Severity: 2

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This was a repeat deficiency from the 12/17/08

Scope: 3

Y 103 449.200(1)(d) Personnel File - NAC 441A

State Licensure survey.

Severity: 2

SS=F

Y 103

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to

449.185, inclusive.

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the facility failed to ensure 1 of 2 caregivers had

cardiopulmonary resuscitation (CPR) or training had expired, affecting all # residents (Resident #1

Repeat deficiency from the State Licensure

not completed training in first aid and

survey dated 12/17/09 & 12/28/07.

and #4).

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
				A. BUILDING B. WING	<u> </u>				
NVS158AGC			STREET ADDE	RESS CITY STA	ATE ZIP CODE	08/20/2009			
DUNCAN MANOR GROUP HOME			6165 DUNC	ADDRESS, CITY, STATE, ZIP CODE DUNCAN DRIVE EGAS, NV 89108					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPL CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
Y 106	Continued From page 5			Y 106					
	Severity: 2 Scope: 3								
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext			Y 178					
	ensure that the premi	of a residential facility s ises are clean and that andscaping of the facil	the						
	Surveyor: 15417 Based on observation failed to ensure the co	ot met as evidenced by n on 8/20/09, the facility overed patio area in the and the landscaping of ntained.	/ e						
	-		ects,						
	Severity: 2	Scope: 3							
Y 451 SS=F	449.231(2)(a)-(f) First	t Aid Kit		Y 451					

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significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the

resident's physician.

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Severity: 1 Scope: 3

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(Resident #1, #2, #4, #5, and #7).

Y 936 449.2749(1)(e) Resident file-NRS 441A

Severity: 1

Tuberculosis

SS=E

Scope: 3

Y 936

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illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.

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